Image# 28990984305

FEC FORM 1

STATEMENT OF ORGANIZATION

| FORM 1 | M 1 ORGANIZATION (See instructions) | | | | | | | | | | | | | |
|---------------------------------|-------------------------------------|---------------------------------|-----------|---|------------------------|---------|--------|------------|------|----------|---------------|-----------|-----|----------|
| 1. NAME OF COMMITTEE (in | | Check if name changed) | Exan | nple: If typyii | ng, type | | 12FE | 4M5 | Offi | ce use o | nly | | | — |
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| Gary Miller for | r Congress | | | шш | | | Ш | | ш | | Ш | ш | 1 | Ш |
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| ADDRESS (number and | street) 721 S. | Brea Canyon R | oad, S | uite 7 | 111 | ш | ш | | ш | | | ш | 1 | Ш |
| (Check if addr | ress | | | | | | ш | | ш | | ш | ш | | Ш |
| is changed) | Diamo | nd Bar | | | ш | Į | ÇA | | L | 917 | 89 _ | Ш | 1 | Ш |
| | | (| CITY | | | S | ΓΑΤΕ. | • | | ZI | P COD | Ε <u></u> | | |
| COMMITTEE'S E-MA | IL ADDRESS Įntreasurer@hotma | il com | | | | | | | | | | | | |
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| COMMITTEE'S WEB | PAGE ADDRESS (URI | -) | | | | | | | | | | | | |
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| COMMITTEE'S FAX N 9095944995 | NUMBER | | | | | | | | | | | | | |
| 2. DATE 0.5 | 0 8 / Y | ^Y 0 0 8 ^Y | | | | | | | | | | | | |
| 3. FEC IDENTIFICA | ATION NUMBER | C | C00 | 331496 | | | | | | | | | | |
| 4. IS THIS STATEM | MENT X NEW (| N) OR | | AMEN | DED (A) | | | | | | | | | |
| I certify that I have exam | ined this Statement and to | the best of my know | rledge an | d belief it is tr | ue, correct | t and c | omplet | е | | | | | | _ |
| Type or Print Name of | Treasurer Ca | thleen Miller | | | | | | | | | | | | |
| Type of Time Name of | | | | | | | | | | | | | | |
| Signature of Treasurer | Electronically Filed I | oy Cathleen M | iller | | | Da | te | 0 5 | M / | D 0 | 8 | Y Y 2 | 0 0 | 8 |
| NOTE: Submission of fa | alse, erroneous, or incompl | ete information may : | | | | | | | | of 2 U.S | .C. S43 | 7g. | | |
| Office Use Only | | | | For further Federal Elec Toll Free 80 Local 202-69 | tion Comn 0-424-953 | nission | | | | | FOF | | 1 | _ |

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